MAXIMUS Federal Services

Case Number:	CM14-0140805		
Date Assigned:	09/10/2014	Date of Injury:	11/09/2012
Decision Date:	10/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York, North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 56 year old male airport employee, who states he injured his back loading bags on carousels and airplanes 11/9/12, approximately one month after hire. He had SI joint injections in the past. MRI 2/28/13 showed disc bulge with right central disc extrusion with minimal Dural compression. There was mild right neuroforaminal stenosis. EMG on 5/28/13 showed mild acute right-sided L5 radiculopathy. Right L4 and L4 epidural steroid injections resulted in no significant improvement. He is appealing the 8/27/14 denial of diagnostic facet blocks on the right L4-5 and L5-S1 medial branches, as well as Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diagnostic Facet Block on The Right at L4-5 Medial Branches, qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation, Work Loss Data Institute, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Medial Branch Block (Therapeutic Injections) and Diagnostic Block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet

Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms

Decision rationale: Medial Branch Blocks are limited to patients with low back pain that is non-radicular, per ODG Guidelines. When diagnosing facet joint pathology, one criterion, per ODG, is that, there is an absence of radicular findings. There are no criteria in the CA MTUS Guidelines. This patient has documented radiculopathy at L5, per EMG study, and hence MBBB is not indicated. The denial is upheld.

Diagnostic Facet Block on The Right at L5-S1, Medical Branches qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation, Work Loss Data Institute, 5th Edition, 2007 or current year, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch block (therapeutic injections) and Diagnostic block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms

Decision rationale: Medial Branch Blocks are limited to patients with low back pain that is non-radicular, per ODG Guidelines. When diagnosing facet joint pathology, one criterion, per ODG, is that, there is an absence of radicular findings. There are no criteria in the CA MTUS Guidelines. This patient has documented radiculopathy at L5, per EMG study, and hence MBBB is not indicated. The denial is upheld.

Lidocaine Patches 5%, qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (Lidocaine Patch) Page(s): 112; 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape - Lidocaine topical: http://reference.medscape.com/drug/lidoderm-xylocaine-jelly-lidocaine-topical-999951

Decision rationale: Per the MTUS, chronic pain guidelines, Lidocaine is indicated for localized peripheral (neuropathic) pain after Tricyclic or SNRI type antidepressants or an AED, such or Lyrica has been tried. It is not recommended for non-neuropathic pain. No other Lidocaine as Gabapentin preparation is approved, such as gels, creams, or lotions. Lidoderm, the brand name for a Lidocaine patch, comes in 5% strength. Up to three patches may be applied one for up to 12 hours within a 24-hour time period. The RFA notes that the Lidocaine patch is to be used "over the painful area 12 hours on and 12 hours off." The patch should be used over a localized area of neuropathic pain, not over the back (non-neuropathic pain). The denial for Lidoderm is upheld.